## REGION 7 - UST - EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2005 Form

| -   | Data elements that do not have asterisks are optional  |  |
|---|--|--|
| *In                                       | spectors Name: 3900 Phone No.: 7760  |  |
| *Date Inspection Report Sent to Facility: |  |  |
| 1.  | *Compliance Activity Type: Compliance Inspection   |  |
| 2.  | *Compliance Monitoring Activity Name: (Facility Name:) Copy Facility Name from section 5 below   |  |
| 3.  | *Compliance Monitoring Type: Circle ONLY ONE of the following choices: RCRA Hazardous and UST  |  |
|   | UST Case Development Inspection (CDI) UST Citizen Complaint Inspection UST Compliance Evaluation Inspection UST Illegal Operators Inspection   |  |
| 4.  | * Region 7 ID Number: (if there is one, otherwise leave blank)   |  |
| 5.  | *Facility Name: # UC Plaza   |  |
|   | *Street Address: 17223 W 210th St  |  |
|   | *City, State, Zip: Chauce, NE 51040  |  |
| 6.  | - 9. * Date of Inspection: Begin: Style="font-weight: bold;">Style="font-weight: bold;">Style: bold;">Style="font-weight: bold;">Style="font-weight: bold;"> |  |
| 10.                                       | *Federal Statutes: X RCRA Resource Conservation and Recovery Act   |  |
| 11.                                       | *Sections: Check <u>all</u> that apply: X RCRAUSTS1 – Underground Storage Tanks – Subtitle 1   |  |
| 12  | * Citations: check citation of 40 CFR that was inspected: X Part 280   |  |
| 13.                                       | * <b>Programs</b> : No entry needed. This data element is automatically populated by the ICIS data system based on the information provided in items #10 and #11.  |  |
| 14.                                       | * SIC (4-digit) or NAICS Code (5-digit): (Enter one or more)  gas station with convenience store 44711  gas station w/o convenience store 44719  |  |
| 15.                                       | Do not complete  |  |
| 16.                                       | * Compliance Monitoring Action Reason: (Circle one of the following)  Agency Priority  |  |
|   | Citizen Complaint/Tip Core Program Selected Monitoring Action Random Evaluation or Inspection  |  |
|   | * Compliance Monitoring Agency Type: <u>EPA</u>  |  |
|   | - 20. Does not apply   |  |
| 21.                                       | Compliance Monitoring Action Outcome: Check one (if known at the time of the activity):  Administrative Immediately corrected Judicial No violation  |  |
|   |  |  |
|   | No compliance monitoring (access denied)No compliance monitoring (facility shutdown)Not immediately correctedNotice of DeterminationUnder reviewWithdrawn  |  |
| 22.                                       | - 23. Does not apply to this program   |  |
|   | **Did you observe deficiencies (potential violations) during the on-site inspection?   |  |
|   | N/A cannot be a response. If the answer is no, go straight to #28.   |  |

|     | 45  |
|-----|---|
| 26. | **Deficiencies Observed: Check one or more of the following:  |
|     | Potential violation of a compliance schedule in an enforceable order  |
|     | Potential failure to maintain a record or failure to disclose a document (Inadequate Records)   |
|     | Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment (CP   |
|     | systems, overflow protection or spill prevention, sump sensors)   |
|     | Potential failure to complete or submit a notification, report, certification, or manifest (Failure to notify temporary closure   |
|     | Potential failure to obtain a permit, product approval, or certification (Inadequate financial assurance)   |
|     | Potential failure to follow a required sampling or monitoring procedure or laboratory procedure (Inadequate release   |
|     | detection, inadequate vapor or ground water monitoring, inadequate integrity testing, function tests, LTT)  |
|     | Potential failure to follow or develop a required management practice or procedure  |
|     | Potential failure to identify and manage a regulated waste or pollutant in any media  |
|     | Potential failure to report regulated events such as spills, accidents, etc.  |
|     | Potential incorrect use of a material (e.g., pesticide, waste, product, etc.)or use of improper or unapproved material  |
|     | (Incompatible Tank Materials)   |
|     | Potential failure to follow a permit condition (s)  |
|     | Potential excess emission in violation of a regulation  |
|     | If YES, check only the action(s) actually observed/seen or write in a short description of the action in the "optional" section. (Check all that apply)  Action(s) taken  |
|     | Complete(d) a Notification or Report  |
|     | Correct(ed) Monitoring Deficiencies   |
|     | Correct(ed) Record Keeping Deficiencies   |
|     | Implemented New or Improved Management Practices or Procedures  |
|     | Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.)  |
|     | Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)   |
|     | Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions  |
| 28. | Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?   Yes |
| 29. | Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? |
|     | tional Information: Describe actions taken by the facility or assistance provided to the  |
|     |   |
| _   | tal tacility closes   |
|     |   |
| EP/ | A Form 3540-39  |
|     | Data Entry Staff Use Only:  Date and initials of person entering data into ICIS (mm/dd/yyyy):  PART 8   4   2009  |
|     |   |

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25. "If you observed deficiencies, did you communicate them to racinty during the inspection." It is to the N/A cannot be a resp. Te.